

**REMARKS/ARGUMENTS**

Claims 1-3, 5-17, 34-38, 40-45, and 67-69 were examined. All claims were rejected as being anticipated or obvious. The claims have been amended and canceled as noted above. Re-examination and reconsideration of the claims, as amended, are respectfully requested.

Claims 1, 5, 9, 10, 13, 15, 34, 35, 40, 44, 45, and 67-69 were rejected as being anticipated by U.S. Patent No. 6,287,271 to Dubrul et al. Such rejection is traversed in part and overcome in part.

The Examiner asserts that Dubrul discloses all elements of the claimed invention, including a treatment port for accessing the outer shaft lumen, relying on Figs. 12-18. For the reasons discussed below, Applicants believe that the Dubrul '271 patent fails to disclose a treatment port or any equivalent structure.

The treatment port of the present invention is shown, for example, in Fig. 1B as element 116. The treatment port 116 is intended to receive a treatment device 130, which may be an angioplasty catheter, stent delivery device, or other apparatus. See, paragraph [0038] of the specification. The treatment port 116 is part of proximal adaptor 108 which further includes an inflation port 112 and an efflux port 110. The efflux port 110 allows aspiration of fluids through the outer catheter shaft 102 while permitting introduction and removal of the catheter 130. In fact, the arrangement of ports allows the outer shaft 102 to be used as a guide catheter if desired.

The Dubrul '271 patent provides no such treatment port. As best seen in Fig. 1 of the '271 patent, the Dubrul hub (unnumbered) includes an infusion port 14 and a guidewire port 13. A vibrating element 16 couples to a shaft or driver which passes through a third port on the unnumbered hub. There is no efflux or aspiration port provided on the hub whatsoever.

Instead, as illustrated in Fig. 12, Dubrul teaches that a separate outer sleeve may be provided with a separate hub including only an attachment for an aspiration chamber 110 and allowing for passage of the motion catheter 10 of Fig. 1 therethrough.

For these reasons, Applicants believe that there is no equivalent to the treatment port of the present application for receiving the inner elongated hollow shaft. In order to expedite prosecution of this application, however, Applicants have amended claim 1 to further recite that the efflux port and treatment port are formed on a proximal adaptor which has the advantage of allowing the aspiration to be performed while the inner elongated hollow shaft, e.g., rinsing catheter in place in the outer elongated hollow shaft and further allows removal and exchange of the inner shaft. Such removal and exchange would not be achievable with the structure of Dubrul et al.

Claims 1, 11, and 12 were also rejected as being anticipated by U.S. Patent No. 6,527,979 to Constantz et al. Without conceding the correctness of the rejection, Applicants have amended claim 1 to further recite that the distal end inner elongated hollow shaft is "free of an expandable occluder." The amendment clearly distinguishes the teachings of Constantz which illustrate a distal occlusion balloon 46 on those embodiments where the inner tubular structure 42 includes a plurality of infusion holes, as illustrated in Fig. 4B. While the patent does include embodiments without such a distal occlusion balloon, e.g. in Figs. 6-10, these embodiments do not include an inner shaft 30 having side infusion "rinse holes" as required by the claims of the present invention.

For the reasons set forth above, Applicants believe that independent claim 1 now clearly distinguishes both the Dubrul '271 patent and the Constantz '979 patent. Thus, it is believed that independent claim 1 as well as all claims dependent thereon are allowable over the art and in condition for allowance.

Applicants note that claim 34, the only other independent claim, as well as all claims dependent thereon, have been canceled.

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Amdt. dated April 4, 2005  
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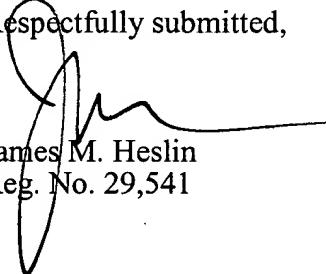
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### CONCLUSION

In view of the above amendments and remarks, Applicants respectfully submit that all claims now pending are in condition for allowance and request that the application be passed to issue at an early date.

If for any reason the Examiner believes that a telephone conference would in any way expedite prosecution of the subject application, the Examiner is invited to telephone the undersigned at (650) 326-2400.

Respectfully submitted,

  
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